





PROGRAMME/ COURSE	EXAMININ G BODY	SUBJECT	DURATIO N	YEAR COMPLETED	GRADE

16. List educational institutions attended (including Secondary/High School/College)

SECONDARY/HIGH SCHOOL; TERTIARY LEVEL INSTITUTION; UNIVERSITY	ADDRESS	FROM	TO	TYPE OF PROGRAMME	DID YOU COMPLETE PROGRAMME YES/NO

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**SECTION D: EMPLOYMENT RECORD**

17. PAST EMPLOYMENT

NAME & ADDRESS OF ORGANISATION	POSITION	FROM	TO

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**SECTION E: FINANCIAL RESOURCES**

18. SOURCE(S) OF FUNDING (*indicate by ticking the appropriate box or supplying the information requested*)

Government  Loan  Self  Sponsorship

Name of Sponsor: \_\_\_\_\_  
(*Other than Self*) *Please present evidence of sponsorship*

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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**SECTION F: DECLARATION**

19. I hereby certify that I have read and understood the instructions and the information necessary for completing this application and that all statements made are true and complete.

I understand that failure to comply with these requirements may hinder my admission to the programme or, if admitted, such admission may be rescinded.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

20. This application is made with my consent and I intend to provide such fees as may be payable to the Faculty of Medical Sciences, The University of the West Indies.

\_\_\_\_\_  
Signature of Parent/Guardian/Sponsor

\_\_\_\_\_  
Date

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**FOR OFFICIAL USE ONLY**

Enclosures received with this application:

Birth Certificate 5

Original Academic Certificates Seen: \_\_\_\_\_

Original Documents Returned: \_\_\_\_\_

Documents Outstanding: \_\_\_\_\_

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Date

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**OFFICIAL ASSESSMENT**

Qualified 5

Provisional 5

Not Qualified 5

Late 5

APPROVED BY: \_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*



# THE UNIVERSITY OF THE WEST INDIES

ST. AUGUSTINE, TRINIDAD AND TOBAGO, WEST INDIES

THE FACULTY OF MEDICAL SCIENCES in collaboration with THE SCHOOL OF CONTINUING STUDIES

## PRE-HEALTH PROFESSIONS PROGRAMME

Telephone: (868) 645-2640/9 Fax: (868) 663-9836 email deanfms@fms.uwi.tt

# CO-CURRICULAR ACTIVITIES

*The University of the West Indies is interested in the holistic development of each student – as a result we offer a wide range of co-curricular activities. Please indicate in this form, your areas of interest. You must select at least two areas of interest, one of which must be a sporting activity.*

**PLEASE USE BLOCK LETTERS**

Name: \_\_\_\_\_  
(SURNAME) (FIRST NAME) (OTHER)

Male: ( ) Female: ( ) Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
*day/month/year*

Mailing Address: \_\_\_\_\_ Home Tel. No.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please state if you have a disability/Allergies/Medical Condition:**

Please indicate your area of interest by placing a ✓ in the appropriate box.

SPORTING		OTHER	
Football		Music (Instruments)	
Basket Ball		Choir	
Volley Ball		Drama	
Badminton		Creative Writing	
Cricket		Debating	
Table Tennis		Other (Please State)	
Lawn Tennis			
Swimming			
Martial Arts			
Aerobics			
Biking			

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date